

# Work Order ID 91531

October-10-12 4:11:52 PM

**\*91531\***

Page 1

Item ID: D4595-150-25

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Sealant Tape

Start Date: 10/10/2012 Start Qty: 5.00

Required Date: 10/01/2013 Req'd Qty: 15.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-10-11

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

D4595

A

100

0.00

**\*100\***

Packaging

Packaging

Memo

0.00

Packaging

Cut to length as per dwg

13/4/30 1250

110

QC6- Inspect dimensions to drawing

0.00

**\*110\***

QC

Memo

0.00

Quality Control

5 13/4/30

(12)

120

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

**\*120\***

Packaging

Memo

0.00

Packaging

\*\*\*\*EXPIRATION DATE 07-11-2013 \*\*\*\*

8/13/4/30 (12)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                   |   |             |              |   |  |  |
|--|------|------|---|---|-------------------|---|-------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |   |  |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Material <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Other <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Process <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |   |  |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Training <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |   |  |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                   |   |             |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

**Work Order ID 91531****\*91531\***

Page 2

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Item ID: D4595-150-25

Accept

**\*N9000040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Sealant Tape

Start Date: 10/10/2012 Start Qty: 15.00

**\*15\***

Cust Item ID:

Required Date: 10/01/2013 Req'd Qty: 15.00

**\*15\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

**\*130\***

QC

Memo

0.00

Quality Control

13/5/30

ME

13-4-30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                      |   |                |              |   |  |  |
|--|------|------|---|---|----------------------|---|----------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |   |  |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Material <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Other <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Process <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Training <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Picklist Print

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Page 1

Work Order ID: 91531

**\*91531\***

Parent Item: D4595-150-25

**\*D4595-150-25\***

Parent Item Name: Sealant Tape

Start Date: 10/10/2012

Required Date: 10/01/2013

Start Qty: 15.00

Required Qty: 15.00

Comments: IPP REV:A 12.02.22 new issue DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|           |  |              |    |  |  |     |   |          |    |     |  |  |  |
|-----------|--|--------------|----|--|--|-----|---|----------|----|-----|--|--|--|
| D4595-150 |  | Manufactured | No |  |  | 100 | f | 725.0000 | 25 | 375 |  |  |  |
|-----------|--|--------------|----|--|--|-----|---|----------|----|-----|--|--|--|

**\*D4595-150\***

Sealant Tape

\*\*

94430 x 2 SP  
~~95660~~ x 3

Location

Loc Qty

Loc Code

|       |     |  |
|-------|-----|--|
| ST401 | 25  |  |
| 81725 | 25  |  |
| ST409 | 50  |  |
| 86482 | 50  |  |
| ST410 | 100 |  |
| 89071 | 100 |  |
| ST411 | 550 |  |
| 81217 | 50  |  |
| 90698 | 500 |  |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|---|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |   |  |  |  |
| <b>Root Cause</b>   | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>   |  |  |  |
| Doc/Data <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Equip/Tooling <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Operator <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Material <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Setup <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Other <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Process <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Supplier <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Training <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| Unapproved <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| <b>FAULT CATEGORY</b>   |             |             |   |   |                          |   |                        |                     |   |  |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><hr/> <hr/> <hr/> |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other<br><hr/> <hr/> <hr/> |  |